

Fill	in this information to ide	entify your ca	ase:									
Deb	otor 1 St	ephanie A	Gowarty			_						
	otor 2					_						
Uni	ted States Bankruptcy	Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
Cas	se number 18-148	4849				Check if this is:						
(If kn	lown)						An amended filing					
									ent showing	<i>,</i> ,	etition chapte	er
Of	fficial Form 10	061								nowing	dato.	
	chedule I: Yo		nme				IVII	M / DD/ Y	YYY		1.	2/15
spoi atta	use. If you are separa	ted and you this form.	are married and not filii r spouse is not filing wi On the top of any additi	th you, do not include	e inforr	natio	on about	your spo	use. If mo	re spa	ice is neede	
1.	Fill in your employment information.			Debtor 1		Debtor 2 or non-filing spouse						
	If you have more than		Employment status	■ Employed				☐ Employed				
	attach a separate page with information about additional	,	Linployment status	☐ Not employed		☐ Not employed						
	employers.		Occupation	floating manager								
	Include part-time, sea self-employed work.	isonal, or	Employer's name	Compass One								
	Occupation may inclu or homemaker, if it ap		Employer's address	Lititz, PA 17543								
			How long employed the	here? 2009				_				
Par	t 2: Give Details	About Mor	thly Income									
	mate monthly income use unless you are sepa		ate you file this form. If	you have nothing to rep	ort for	any l	ine, write	\$0 in the	space. Inc	lude yo	our non-filing	
	u or your non-filing spo e space, attach a separ		ore than one employer, co this form.	ombine the information	for all e	emplo	oyers for t	hat perso	n on the lir	ies belo	ow. If you ne	ed
							For Deb	tor 1	For Deb			
2.			ry, and commissions (be calculate what the monthl		2.	\$	2,	379.00	\$		N/A	
3.	Estimate and list mo	onthly overt	me pay.		3.	+\$		0.00	+\$		N/A	

2,379.00

N/A

Calculate gross Income. Add line 2 + line 3.

Debtor 1		Stephanie A Gowarty				Case number (if known)			18-14849				
					Fo	r Debtor 1			ebtor 2				
	Сор	y line 4 here	4.		\$_	2,379.	00	\$		N/A	<u> </u>		
5.	List	all payroll deductions:											
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b	ο.	\$ \$		00	\$ \$		N/A N/A	<u> </u>		
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	50 50	d.	\$_ \$_	0.	00	\$ \$		N/A N/A	_		
	5e. 5f. 5g.	Insurance Domestic support obligations Union dues	56 5f 50		\$_ \$_ \$_		00	\$ \$		N/A N/A N/A	<u> </u>		
	5h.	Other deductions. Specify:	_	1.+	\$_			+ \$		N/A	_		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	985.	83	\$		N/A	<u>-</u>		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	1,393.	17	\$		N/A	<u>-</u>		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0		Φ.		•	¢		.			
	8b.	monthly net income. Interest and dividends	8a 8b		\$ \$		00 00	\$		N/A N/A	_		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			Ψ_	0.		—		IN/A	_		
	0.1	settlement, and property settlement.	80		\$_		00	\$		N/A	_		
	8d. 8e.	Unemployment compensation Social Security	80 86		\$ \$		00 00	\$		N/A N/A	_		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$		00	\$		N/A	_		
	8g.	Pension or retirement income	8g	-	\$_		00	\$		N/A	_		
	8h.	Other monthly income. Specify: boyfriend of 17 yrs		h.+		-,		+ \$		N/A	_		
		pro rated tax refund	_	_	\$_	455.	00_	\$		N/A	<u></u>		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	1,955.	00	\$		N/	A		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		3,348.17	\$_		N/A	= \$ _	3,348.17		
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep						hedule 11.		0.00		
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							12.	\$	3,348.17		
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	?							Combi month	ned ly income		
	П	Yes. Explain:											